

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10593315

FILING DATE

9-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	2		1			
5	1		1			
6	1		1			
7	2		1			
8	1		1			
9	1		1			
10	2		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	2		1			
18	2		1			
19	2		1			
20	2		1			
21	2		1			
22	0		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
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48						
49						
50						
TOTAL IND.	8	↓	4	↓		↓
TOTAL DEP.	29	←	25	←	←	
TOTAL CLAIMS	37		39			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						